

State organization, at the request of the American Medical Association, was changed to the "California Medical Association."

Any member of the California Medical Association in good standing, who has and maintains in force a standard physician's defense policy for \$5000 or more, is eligible.

Dues for the first half year, from July 1, 1924, to January 1, 1925, are \$5 (the dues for the first year having been fixed on the basis of \$10 per annum). Dues are payable to the secretary, Balboa Building, San Francisco, California.

The management and conduct of this Optional Medical Defense is in the hands of a board of seven trustees. Those first elected are James H. Parkinson, Saxton T. Pope, William T. McArthur, George H. Kress, T. C. Edwards, Rene Bine and Charles L. Curtiss. The executive committee is James H. Parkinson, chairman; T. C. Edwards, Rene Bine, and Emma W. Pope, secretary.

Any member of the California Medical Association desiring to secure this Optional Medical Defense and to maintain the Society's present legal department should fill out, sign and mail to the secretary, Balboa Building, San Francisco, the following application.

Very truly yours,

EMMA W. POPE, Secretary.

Application for Membership in the Medical Society of the State of California.—The undersigned, a member of the California Medical Association in good standing, hereby applies for membership in the Medical Society of the State of California, and agrees to comply with and be governed by its constitution, by-laws, and the rulings of its Board of Trustees and Executive Committee.

The undersigned understands that membership dues are payable annually, first half year's dues, July 1, 1924, to January 1, 1925, being fixed at \$5, and that membership can be terminated by the member at any time by resignation or failure to pay annual dues.

The undersigned holds physician's indemnity policy in the amount of \$..... issued by..... Company, which indemnity insurance for at least \$5000 with any licensed company must be kept in force to entitle undersigned to defense by the Society.

Address

AMERICAN MEDICAL ASSOCIATION BULLETIN

The A. M. A. took a fine long step forward when the house of delegates voted to supply the Bulletin to every Fellow of the Association free or as part of the service to members.

Are you reading your Bulletin regularly and carefully? we recently asked ten members as we met them in the day's work. Three of the ten never looked at it; six read it carefully, and one did not remember ever to have seen a copy. This editorial note is to call attention to the importance of the Bulletin as a source of interesting and important information and to urge its more careful perusal by a larger number of Fellows.

LINGUAL ABSORPTION OF NITRO- GLYCERINE

The application of nitroglycerine to the tongue for the production of its ordinary systemic effects appears to be a fairly common method of administering the drug. However, the reason for the great efficiency and promptness of action has not been understood. According to some, the effects of the drug could only take place after swallowing, and, hence, after absorption from the stomach or intestine. Therefore, the effects would be no better than from the ordinary oral administration. That the tongue is superior to other regions of the alimentary tract for absorption of nitroglycerine has been demonstrated recently by Grossmann and Sandor of the medical clinic at Zagreb.

From observations of the changes in the blood pressure and pulse rate in a considerable number of patients, Grossmann and Sandor found that qualitatively these changes were the same, but quantitatively different, depending on the method of administration of the nitroglycerine. The actions were found to be strongest with lingual application or by rinsing of the mouth with fluid containing nitroglycerine. The effects from ordinary oral administration were slower and weaker. Direct administration through a tube into the stomach produced no effects whatsoever, and direct duodenal administration (also through a tube) gave only weak effects. The results in patients with hypertension were the same as in normal subjects. The dosage used was eight drops of the spirits of nitroglycerine in 10 to 15 cc. of water for rinsing the mouth. In tablet form on the tongue, the nitroglycerine was just as effective as in the form of spirits, indicating that the tongue has a good absorbing surface.

These simple observations of the Yugoslavian clinicians indicate something of the mechanism responsible for the conversion of nitroglycerine (chemically, glyceryl trinitrate) into nitrite, since it is the latter group which is responsible for the pharmacological action. This conversion is currently attributed to the influence of alkalinity in the intestine, and of the tissues in part, at least, a deduction based on the old experiments of Hay, who showed that the treatment of nitroglycerine by alkali liberated the nitrite radical. However, Grossmann and Sandor found that the degree of alkalinity necessary for the liberation is greater than the alkalinity present in the mouth or in the tissues. Acids were found to lessen the liberation of nitrite, and this agreed with the diminished efficiency of action from direct gastric administration of the nitroglycerine. The greater efficiency from direct duodenal administration agreed with the liberating influence of alkalis. However, the acidity of gastric and alkalinity of the intestinal juices are variable factors, and so far as the mouth is concerned, the degree of alkalinity would be insufficient in any case. Hence, the authors conclude that ferments, which are known to liberate nitrite from nitroglycerine, are important factors, but they attach a still greater importance to lipoid solubility in the case of lingual absorption.

Thus, it is seen how simple it may be to obtain definite, accurate and critical evidence of the action of a drug under clinical conditions. After pharmacological analysis, this is the method of choice

for clinical therapeutics, rather than the empirical method as ordinarily practiced, and which amounts to nothing more than guessing and carelessness. By the same token, the pharmacological analysis is confirmed or corrected, and in any case benefited. But, the greater benefit, no doubt, eventually goes to the patient.

Grossmann, M., and Sandor, J.: *Klin. Wochn.* 1923, 2:1833, "Zur klinischen Pharmakologie des Nitroglycerins." Hay: *Deutsch. med. Woch.*, 1884, p. 440, "Ueber die Wirkung der Nitrite und des Nitroglycerin bei Angina Pectoris."

THE NEW CONTROL OF SURGEONS

If the recent article under this title by Mr. William G. Shepherd (*Harper's Magazine*) were only the usual stupid and in part untrue attack upon the medical profession of our country, it might be ignored, as such articles usually are. There are two phases to this new attack upon the 140,000 odd of the total of some 150,000 educated physicians of the United States that make it demand some attention by all friends of better medicine everywhere.

One of these points is the editorial commendatory note italicized and published at the top of the article, which, whether or not so intended, will not produce a pleasing reaction in the minds and hearts of readers who still believe in medicine as a humanitarian profession and who still believe the body of educated physicians are just as honest, and thousands of them just as capable, as are the handful that the author exempts in his diatribe.

The other important point in the article is, the implication that a special medical organization with only some 6000 members stands sponsor for the alleged information which the writer attempts to impart to the world. Unless careful readings of the article have misled us as to the author's intentions, some of his statements about the American College of Surgeons are fabricated; we hope with greater care than are some of his other statements that have no basis whatever in fact. It is hard to believe that the astute leaders of the American College of Surgeons, even if they thought as Shepherd implies they do, would be so stupid as to put such a very thin veil over the obvious propaganda which appears to run like a thread through the article. Nor is it conceivable that the authorities of the College of Surgeons, a private and unofficial organization, would endorse a tirade against their fellow physicians—a public confidence-destroying criticism which has its appeal in an invidious comparison between a few thousand physicians, members of a limited organization of one specialty of medicine, and the probably more than 75,000 other physicians who are also doing surgery in the country, and for the most part doing it honestly and well. They graduated from the same schools as did members of the College of Surgeons and are honorable members of the official medical organizations of the country.

Even should a few—and they are probably only a few—members of the College of Surgeons believe that their new and, in Shepherd's eyes, important obligation to their self-selected standards entitles them to assume such a holier-than-thou attitude, they

would surely not be so dense as to deal the blow to their own organization that the article is sure to cause. There can be little doubt that, whatever else this essay may do, it will prove first a severe blow to the College of Surgeons, and secondarily of course, to the cause of better medicine and all medical agencies. Already reports are coming to this editor of the chortlings of glee among the enemies of medical progress. They are saying that there are only some 6000 honest physicians among 150,000, and that these honest ones have banded themselves together with a hidebound oath "on the honor of gentlemen" to save medicine.

As to the article itself, most of it is the usual line of stupid propaganda that physicians have grown accustomed to see in certain kinds of journals prepared by publicity agents. A few particularly choice bits with comment, which of course is unnecessary to physician readers, may help the article on its way. The author says:

"To put it coldly, it is not entirely unlikely that some day you or I or some one we love may be wheeled into an operating-room, put to sleep under an anesthetic and be helplessly subjected to a surgeon's knife, at the risk of having life leave the body then and there, or being physically weakened for life, for no other motive than to put money into the pocket of a surgeon or a doctor."

This is a wholesale indictment of the integrity not only of physicians, but of hospitals, which of course is true only in those rare instances that indicate the untruth of the proposition. The author must have had some qualms himself, because he hastens to assure the reader that he received his information from "the men of the white aprons and rubber gloves—the surgeons themselves." We, of course, don't know who his "rubber-gloved" advisors were, but all of the other 140,000 surely will not allow such uses of their names and bartering of their principles to go unchallenged. We shall be surprised if many of the members of the College of Surgeons do not repudiate some of the author's statements.

As an apology for not giving the names of the physicians who gave him the misinformation about their colleagues, Shepherd makes the statement that:

"... my readers will please remember that doctors and physicians are under an oath, sacred to their profession, against publicity, so that I cannot use their names."

Physicians will, of course, smile when they read that statement, which to the unsuspecting general reader appears plausible. Surely a casual glance at the newspapers almost any day will convince any reader that all sorts of physicians, both in and out of the College of Surgeons, are being interviewed and are writing for public reading.

We assume that the author is being facetious when he discusses "cutting the greed glands out of surgery." He mentions that some of the handful of surgeons he endorses because they are "controlled" have become so greedless that they refuse to operate on the Chicago newly rich who have the operation habit.

He talks easily and freely about "fee splitting" and "division of fees" as if they were the same